

MASSACHUSETTS FY 2008 EDIP ANNUAL REPORTING FORM

When filling out this reporting form please follow the instructions of the enclosed "Instructional Assistance Sheet." If you need to obtain this sheet or have questions, please contact Brenda Reynolds at 617 788-3634.

1. CONTACT INFORMATION: (Please print or type)

A	Business Name	
B	Address	
C	City/State/Zip Code	
D	Contact Person(s)	
E	Telephone	
F	E-Mail Address	
G	Name of Certified Project	
H	Municipality of Certified Project	
I	Certification Date by EACC	
J	NAICS Code for Project (6 DIGIT CODE)	
K	Federal Employer Identification Number (FEIN)	

2. NET NEW EMPLOYEES AT PROJECT LOCATION: (Only NET NEW Permanent Full-Time Employees)

A	FY 2008 Net New Permanent Full-Time Employees	
B	Total Net New Permanent Full-Time Employees Hired from Date of Certification by EACC through 6/30/2008	
C	Number of FY 2008 Net New Permanent Full-Time Employees That Reside in the Economic Target Area (ETA)	
D	Total Number (since certification) of Net New Permanent Full-Time Employees That Reside in the ETA	
E	Average Yearly Wage of Net New Permanent Full-Time Employees Hired since EACC Certification	\$

3. TOTAL INVESTMENT AT PROJECT LOCATION:

A	FY 2008 Investment (7/1/2007 through 6/30/2008)	\$
B	Total Investment (EACC Certification Date through 6/30/2008)	\$

4. STATE BENEFITS:

A	Amount of 5% EOA Tax Credit Claimed for FY 2008	\$
B	Total Amount of 5% EOA Tax Credit Claimed Since EACC Certification through 6/30/2008	\$
C	Amount of 10% Abandoned Building Tax Deduction Claimed in FY 2008	\$

5. LOCAL BENEFITS:

A	Type of Incentive Received – TIF or STA (choose one)	
B	FY 2008 Property Taxes Paid to Municipality	\$
C	FY 2008 Property Taxes Exempted (due to TIF or STA)	\$
D	Total Taxes Paid to Municipality Since EACC Certification	\$
E	Total Taxes Exempted by Municipality Since EACC Certification	\$

* Please see page 2 of 2 to complete the FY 2008 EDIP Annual Reporting Form.

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6. CERTIFIED PROJECT STATUS:

What is the status of the expansion project described in your Certified Project Application or Tax Increment Financing Agreement? (Please print, type, or attach response and also include the description of the Certified Project.)

7. AUTHORIZATION:

I, (print or type name and title) _____, hereby certify that the information within this Annual Reporting Form is true and accurate, and reflects the project's job creation and investment.

(Signature)

(Date)

PLEASE RETURN COMPLETED FORM BY SEPTEMBER 30, 2008 TO:

Brenda Reynolds,
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